

PTO/SB/01 (03-01)(Amended by Customer pursuant to MPEP § 601.02)  
 Non-Amended Version Approved for use through 10/31/2002. OMB 0651-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	P00711-US-01	
		<b>First Named Inventor</b>	WOLFE, Jon C.	
<b>COMPLETE IF KNOWN</b>				
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Application Number	/
OR			Filing Date	06/27/03
			Group Art Unit	
			Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WIRELESS CASINO INFORMATION MANAGEMENT SYSTEM AND METHOD

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

[redacted] as United States Application Number or PCT International

Application Number

[redacted] and was amended on (MM/DD/YYYY)

[redacted] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	<input type="text"/>	OR <input type="checkbox"/>	Correspondence address below
<p>Name <u>Rachel L. St. Peter</u></p> <p>Address <u>ICE MILLER, One American Square, Box 82001</u></p> <p>City <u>Indianapolis</u> State <u>IN</u> ZIP <u>46282-0002</u></p> <p>Country <u>USA</u> Telephone <u>(317) 236-2363</u> Fax <u>(317) 592-4862</u></p>					
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <u>Jon Christian</u>		Family Name or Surname <u>Wolfe</u>			
Inventor's Signature <u>Jon Christian Wolfe</u>		Date <u>June 26, 2003</u>			
Residence: City <u>Las Vegas</u>		State <u>Nevada</u>	ZIP <u>89135</u>	Country <u>U.S.</u> Citizenship <u>U.S.</u>	
Mailing Address <u>11271 Winter Cottage</u>					
City <u>Las Vegas</u>		State <u>Nevada</u>	ZIP <u>89135</u>	Country <u>U.S.</u>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <u>Kevin Lee</u>		Family Name or Surname <u>Byrd</u>			
Inventor's Signature <u>K. L. Byrd</u>		Date <u>6/26/03</u>			
Residence: City <u>Olive Branch</u>		State <u>Mississippi</u>	ZIP <u>38654</u>	Country <u>U.S.</u> Citizenship <u>U.S.</u>	
Mailing Address <u>3935 Lake Village Cove</u>					
City <u>Olive Branch</u>		State <u>Mississippi</u>	ZIP <u>38654</u>	Country <u>U.S.</u>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					